

CBADP CONTINUING EDUCATION/TRAINING REPORT FORM

(Use this form to submit Continuing Education Units and/or Contact Hours)
(Duplicate page as needed)

Name (please print): _____

Check One	Certification/Recognition	Continuing Education Hours Needed
<input type="checkbox"/>	Chemical Dependency Counselor (Level I ____ II ____ III ____)	40 hours every two years
<input type="checkbox"/>	Certified Prevention Specialist	40 hours every two years
<input type="checkbox"/>	CCDC and CPS (Dual Credential)	60 hours every two years
<input type="checkbox"/>	Chemical Dependency Trainee	20 hours every two years
<input type="checkbox"/>	Prevention Specialist Trainee	20 hours every two years
<input type="checkbox"/>	Certified Professional and Trainee (Dual Credential)	50 hours every two years
<input type="checkbox"/>	Certified Professional – Retirement Status	20 hours every two years

- No continuing education/training hours are required from the date of initial recognition or certification to the month of the applicant's birth. See above for the number of continuing education hours due thereafter. If you need clarification, contact the CBADP Administrative Office.
- Agency or employer sponsored training events can account for 50% of the required continuing education training hours. A maximum of 50% of required continuing education training hours can be from Internet or other on-line education (separate from college credit earned on-line).

Title or Name of Training / Activity: _____ Date(s) of Training: _____

Sponsoring Agency: _____ Contact Hours: _____

Training Format:
____ Conference/Workshop ____ College Class ____ Internet Training ____ Agency Sponsored Training ____ Other

Title or Name of Training / Activity: _____ Date(s) of Training: _____

Sponsoring Agency: _____ Contact Hours: _____

Training Format:
____ Conference/Workshop ____ College Class ____ Internet Training ____ Agency Sponsored Training ____ Other

Title or Name of Training / Activity: _____ Date(s) of Training: _____

Sponsoring Agency: _____ Contact Hours: _____

Training Format:
____ Conference/Workshop ____ College Class ____ Internet Training ____ Agency Sponsored Training ____ Other

Title or Name of Training / Activity: _____ Date(s) of Training: _____

Sponsoring Agency: _____ Contact Hours: _____

Training Format:
____ Conference/Workshop ____ College Class ____ Internet Training ____ Agency Sponsored Training ____ Other

Title or Name of Training / Activity: _____ Date(s) of Training: _____

Sponsoring Agency: _____ Contact Hours: _____

Training Format:
____ Conference/Workshop ____ College Class ____ Internet Training ____ Agency Sponsored Training ____ Other